

# PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
(Signature)
(Date)

MARK C. COMTOIS  
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 1667 K Street, N.W.  
 Washington, DC 20006



APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,107	11/17/2003	Edward Ray Beadle	HAR62 020	9787

TITLE OF INVENTION: SYSTEM AND METHOD FOR HYBRID MINIMUM MEAN SQUARED ERROR MATRIX-PENCIL SEPARATION WEIGHTS FOR BLIND SOURCE SEPARATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL	NO	\$1400	\$300	\$1700	06/20/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WASHBURN, DOUGLAS N	2863	702-179000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DUANE MORRIS LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 HARRIS CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
 MELBOURNE, FLORIDA 32919  
 01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 18.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ A check in the amount of the fee(s) is enclosed.  
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## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Mark C. Comtois*

Date June 14, 2005

Typed or printed name Mark C. Comtois

Registration No. 46,285

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/713,107

Filing Date

November 17, 2003

First Named Inventor

Edward Ray BEADLE

Art Unit

2863

Examiner Name

Douglas N. Washburn

Attorney Docket Number

HAR62 020

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Part B - Fee(s) Transmittal, including check in the amount of \$1,718.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 04-1679. A duplicate copy of this sheet is enclosed.	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUANE MORRIS LLP		
Signature			
Printed name	Mark C. Comtois		
Date	June 14, 2005	Reg. No.	46,285

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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